

Council on Advancement of School-Based Health Centers
Meeting Minutes: Monday, September 11, 2017, 9:30 am to 12:30 pm

Location: Maryland Department of Transportation
7201 Corporate Center Drive, Hanover, MD 21076
Call-In: 605-472-5485 (Access code: 996134)

9:30 am Greetings and Opening Remarks

Kate Connor, Chair of the Council, opened the meeting at 9:30 am with thanks and welcome. All members of the Council and public attendees introduced themselves. Chair Connor reviewed the agenda and minutes of the previous meeting in April. The Council approved the April minutes.

Attendees: Council: Patryce Toye, Barbara Masiulis, Kate Connor, Mary Gable, Uma Ahluwalia, Sharon Morgan, Jean-Marie Kelly, Maura Rossman, Jennifer Dahl, Arethusa Kirk, Cheryl DePinto, Delegate Bonnie Cullison, Howard Haft, Mark Luckner, Allison Taylor (staff to the Council)

Public: Michelle Hinton, Mona Carey, Brandon Smith, Tina Backe, Beth Spencer, Pam Kasemeyer, Lynne Muller, Donna Behrens, Robyn Elliott, Joan Glick, Tania Haag, Sharon Hobson, Rachael Faulkner

9:45 am Review Council Membership, Current Vacancies

Chair Connor reviewed the membership of the Council. The Council currently has three vacancies, for the positions listed below. The Chair advised that the Council is working on leads for these vacancies and requested that members of the Council and the public spread the word about the vacant positions among potentially interested parties.

- One secondary school principal of a school that has a school-based health center;
- One representative of a federally qualified health center, nominated by the Mid-Atlantic Association of Community Health Centers; and
- One parent or guardian of a student who utilizes services at a school-based health center.

9:50 am Work Group Break-Outs

Chair Connor charged the Council to break into its workgroups and populate the 2017 Annual Report Planning Grid. The purpose of this exercise was for the workgroups to set a timeline for completing each of the Council's responsibilities, guided by the activities and progress made by the workgroups over several meetings this summer. The spreadsheet contained rows for 1) the Council's statutorily-mandated responsibilities, 2) requirements for the 2017 annual report, and 3) commitments made by the Council in its 2016 annual report. A copy of the Planning Grid is included in Appendix A.

The Data Collection and Reporting workgroup and the Systems Integration and Funding workgroup met as constituted; the Chair and Vice Chair requested that anyone interested in serving on the Quality and Best Practices workgroup (which did not meet over the summer) meet separately.

Data Collection and Reporting Workgroup

The Data Collection and Reporting workgroup met three times this summer (June 28, July 13, and August 14), and established the following objectives:

1. Understand the national perspective on core standardized SBHC performance measures;
2. Review SBHC literature on performance data, educational impact data;
3. Conduct an SBHC survey cross-walk (MSDE v. School-Based Health Alliance Survey);
4. Identify key performance measures to quantify the correlation between SBHC activities and health and education outcomes;
5. In-depth review of the MSDE SBHC Survey: keep, edit, add, or delete;
6. Identify the process for updating the MSDE SBHC survey;
7. Use of identified performance measures to:
 - Correlate SBHC activities with health and education outcomes;
 - Capture substance use and mental health services data; and
 - Analyze impact of SBHCs by population, jurisdiction, and at individual SBHCs.

The workgroup's primary recommendation is for MSDE to update the Annual Survey as outlined by the Council. In revising the Annual Survey, the workgroup recommends that current technology be utilized to consolidate pertinent data to best illustrate the "school-based health center story." A mechanism will be developed for analysis, reporting, and dissemination of the data to key stakeholders. The workgroup hopes to have the survey completed within the next six months.

A full report of the Data Collection and Reporting workgroup's summer work is included in Appendix B.

The workgroup discussed holding a meeting with the SBHC Administrators group, to outline their vision for the updated MSDE survey and get feedback on how to make the survey-completion process easier. The workgroup also discussed how SBHCs could better share data with the Medicaid program and other payors.

Systems Integration and Funding Workgroup

The Systems Integration and Funding workgroup met three times this summer (June 26, August 10, and August 14), and established the following objectives:

1. Review and make recommendations to streamline and improve the grant review and award process between MSDE and MDH;
2. Identify and recommend strategies to diversify funding for SBHCs; and
3. Gather all possible data sources and evaluate whether the data is successfully helping to assess school based health centers, their effectiveness, tell the story of the opportunities, successes and challenges and build a strong advocacy agenda.

The workgroup discussed 1) distinguishing between data outputs and outcome, including data related to program sustainability; 2) aligning funding processes from multiple grantors (e.g., MSDE, MDH, CHRC); 3) funding flexibility; 4) advanced payments opportunities; and 5) providing technical assistance regarding billing.

A full report of the Systems Integration and Funding workgroup is included as Appendix C.

11:00 am Identify Chair of Quality & Best Practices

The groups reconvened at 11am. The Quality and Best Practices workgroup was constituted as follows:

Jean-Marie Kelly, Chair
Patryce Toyé
Sharon Morgan
Robyn Elliot

11:10 am Work Group Report Outs

Data Collection and Reporting Workgroup

The workgroup consulted with the national School-Based Health Alliance on trends and analysis. They have identified key measures that can be used to tell the story of school-based health in Maryland (see Appendix B for a list of key measures). The key measures focus on utilization, cost-savings, health outcomes, and educational outcomes (e.g., seat time, absenteeism). As the next step, the workgroup conducted a cross-walk of the MSDE survey to determine which questions were pertinent to these key measures, what could be modified, and what questions were unnecessary (and could be deleted). As a 6-month goal, the workgroup would like for the MSDE survey to be completed.

The workgroup noted that there are many data sources currently in existence that could be incorporated to provide a more robust picture of school-based health in Maryland. The workgroup is interested in working with stakeholders to identify data sources, and utilize technology to more efficiently incorporate new data. The workgroup will work with MSDE IT staff on the technology issue; it established a 12-month goal of incorporating new technology into the survey.

The workgroup advised that the new survey is a major departure from the last version – it asks fewer yes/no questions, and more questions requiring specific numbers. The roll out of this survey will require input from the SBHC administrators to determine how the Council can best support them in the completion of the new survey. The workgroup considered whether data from the survey should be incorporated into the Council’s annual report going forward, or whether the owner of the data should put out an annual report.

A major issue is data-sharing with the MCOs to reduce duplication of services between the Medicaid program and SBHCs. The workgroup will devote more time to this going forward.

The Council discussed how financial operations data will be captured, including when and how SBHCs bill private payors. This information would help better establish the costs of operating an SBHC, and establish the cost-effectiveness of SBHCs. Several years ago, there was a survey conducted on SBHC billing. The Council will review that survey and discuss how the survey could be repeated.

The workgroup also recommended that SBHCs have a relationship with local hospitals related to community benefit and reports, and the SBHC administrators should review that community benefit reporting.

Systems Integration and Funding Workgroup

The workgroup inquired about whether it could look at data from Medicaid rather than from each individual center. This would be a question for Medicaid about whether or not they could parse it out. This could help estimate the operating costs of each center, which is going to be a challenge. It was also discussed that OPHI and HSCRC should be the recipient of any data received from MSDE.

The workgroup has also been examining the grant-making process. The main granting organizations for SBHCs are MDH, MSDE, and CHRC, all of which have different procedures and operate on different timelines.

The workgroup made what it acknowledged to be a “controversial” suggestion, contemplating whether the grant awards for SBHCs could be made on competitive basis in the future. This strategy could bring in additional players, but could create sustainability problems for current SBHCs. No decision was made as to whether to adopt this strategy, though there was universal consensus among the Council that additional resources should be allocated to support SBHCs, not a decrease in state grant funding for SBHCs.

Delegate Cullison mentioned that if the Council had any short-term funding needs, now would be a good time to start talking about the FY 19 budget. Any proposal would need to be back by a strong justification and concrete numbers. Council members suggested the following ideas:

- Hiring a contractor to help with developing a data collection needs assessment.
- Full funding for CHRC in FY 2019 and beyond, to include grant-making funds for SBHCs.

12:00 pm Discuss 2017 Council Annual Report

Chair Connor suggested that this year’s annual report should be a roadmap of where the program currently is, and where the Council will be headed over the next year. Next steps will include:

- Identification of all relevant stakeholders, including those who are not currently in contact with the Council, but who might be drawn in in future years.
- An outlined approach to understanding the needs of all stakeholders (e.g., billing), through a “listening tour.” The listening tour will be a major focus of the Council over the next year, and will be conducted systematically, e.g., using focus groups.

Depending on the timing of the next meeting, a draft of the annual report may be available for review and comment before then. In any case, the full Council will have the opportunity to review and comment on the annual report before it is submitted to the General Assembly.

The Chair suggested that the Council discuss the listening tour in more detail at a future council meeting, which will likely occur later in the fall. Between now and then, the workgroups should each meet to discuss key stakeholders and who should be included.

12:15 pm Closing Remarks

Chair Connor made closing remarks. The meeting was adjourned at 12:19pm.

Appendix A
2017-2018 Planning Grid (Blank)

#	Requirement	Authority	Workgroup	Completed Activities	Planned Activities		
					6 months	12 months	Long-term
1	Supporting local community efforts to establish or expand SBHCs capacity in:						
1a	Primary Care	HG § 19-22A-05(a)(1)					
1b	Behavioral Health	HG § 19-22A-05(a)(1)					
1c	Oral Health	HG § 19-22A-05(a)(1)					
2	Integrating SBHCs into existing and emerging patient-centered models of care	HG § 19-22A-05(a)(2)					
3	Promoting the inclusion of SBHCs in networks of managed care organizations and commercial health insurance carriers	HG § 19-22A-05(a)(3)					
4	Advancing the public health goals of state and local health officials	HG § 19-22A-05(a)(4)					
5	Promoting the inclusion of SBHCs into networks of school health services and coordinated student service models for the range of services offered in school settings	HG § 19-22A-05(a)(5)					

Appendix A
2017-2018 Planning Grid (Blank)

#	Requirement	Authority	Workgroup	Completed Activities	Planned Activities		
					6 months	12 months	Long-term
6	Supporting state and local initiatives to promote student success	HG § 19-22A-05(a)(6)					
7	Reviewing and revising best practices guidelines	HG § 19-22A-05(a)(7)					
8	Supporting the long-term sustainability of SBHCs	HG § 19-22A-05(a)(8)					
9	Review the collection and analysis of SBHCs data collected by MSDE to make recommendations on best practices for the collection and analysis of the data	HG § 19-22A-05(b)(1)					
10	Provide guidance on the development of findings and recommendations based on the data	HG § 19-22A-05(b)(2)					
11	Conduct other activities that meet the purpose of the Council	HG § 19-22A-05(c)					
12	Number and location of SBHCs that are not co-located with behavioral health services	Ch. 417 (2015), §2					
13	Streamlining of the existing process for the review and approval of new SBHCs, including:						

Appendix A
2017-2018 Planning Grid (Blank)

#	Requirement	Authority	Workgroup	Completed Activities	Planned Activities		
					6 months	12 months	Long-term
13a	Maryland Medical Assistance Program enrollment process for SBHCs	Ch. 417 (2015), §2					
13b	Expansion of the existing scope of SBHCs by MSDE and MDH	Ch. 417 (2015), §2					
14	The identification and elimination of barriers for managed care organizations to reimburse for services provided by SBHCs	Ch. 417 (2015), §2					
15	Health reform initiatives under the Maryland Medicare waiver and patient-centered medical home initiatives	Ch. 417 (2015), §2					
16	Study SBHC sponsorship models employed in Maryland and nationally	Annual Report (2016)					
17	Understand current approaches to coordination of care and determine gaps in the provision of care	Annual Report (2016)					
18	Identify effective, sustainable models - state and national best practices	Annual Report (2016)					

Appendix A
2017-2018 Planning Grid (Blank)

#	Requirement	Authority	Workgroup	Completed Activities	Planned Activities		
					6 months	12 months	Long-term
19	Understand local and national models for system integration and funding for SBHC	Annual Report (2016)					
20	Identify ways that SBHCs are leveraging resources and coordinating care across state and local agencies and service providers	Annual Report (2016)					
21	Identify the funding and service linkages between MSDE, DHMH, DHS, and other public agencies	Annual Report (2016)					
22	Clarify the roles and improve the coordination across and within agencies (state and local) making sure systems are aligned to make the SBHC initiative sustainable long-term	Annual Report (2016)					
23	Review current SBHC grant application process to identify ways to improve the review and approval of SBHC (new and continuing; MSDE funded and non-MSDE funded)	Annual Report (2016)					

Appendix A
2017-2018 Planning Grid (Blank)

#	Requirement	Authority	Workgroup	Completed Activities	Planned Activities		
					6 months	12 months	Long-term
24	Establish performance measures to present the impact of SBHCs on health and educational outcomes of students	Annual Report (2016)					
25	Identify opportunities to link SBHC utilization data to educational outcomes	Annual Report (2016)					
26	Identify opportunities to better capture data for substance use and mental health services	Annual Report (2016)					
27	Develop a trend analysis to understand the impact of SBHC over time by jurisdiction and population served	Annual Report (2016)					

Appendix B: Report of the Data Collection and Reporting Workgroup

Council on the Advancement of School-Based Health Centers Data Collection and Reporting Workgroup

Summary of workgroup meetings (6/28, 7/13, 8/14)

Attendees: Barb Masiulis, Alicia Mezu, Kristi Peters, Delegate Cullison, Brigida Krzysztofik, Cathy Allen, Joanie Glick, Hayley Love, Cheryl De Pinto, Tina Backe

Workgroup Objectives:

1. Understand the national perspective on core standardized SBHC performance measures;
2. Review SBHC literature on performance data, educational impact data;
3. Conduct an SBHC survey cross-walk (MSDE v. School-Based Health Alliance Survey);
4. Identify key performance measures to quantify the correlation between SBHC activities with health and education outcomes;
5. In-depth review of the MSDE SBHC Survey: keep, edit, add, or delete;
6. Identify the process for updating the MSDE SBHC survey;
7. Use of identified performance measures to:
 - Correlate SBHC activities with health and education outcomes;
 - Capture substance use and mental health services data; and
 - Analyze impact of SBHCs by population, jurisdiction, and at individual SBHCs.

Workgroup Progress:

1. Objectives 1 - 4: Complete;
2. Objective 5: All comments on the MSDE SBHC survey, line by line analysis;
3. Objective 6: Updating the MSDE survey involves working with Hilltop (time and cost factors);
4. Objective 7: May require collaboration with a data analyst.

Recommendations:

MSDE will update the Annual Survey with recommendations as outlined by the Council. In revising the Annual Survey, it is recommended that current technology be utilized to consolidate pertinent data to best illustrate the school based health center story. Mechanism will be developed for analysis of the data, reporting and dissemination of the data to key stakeholders.

Key Measures Identified for Future SBHC Data Collection:

Utilization Measures	<ul style="list-style-type: none">- # visits, including non-duplicated visits- # behavioral health v somatic visits- # enrolled in the SBHC, % of students who are FARMs- % of English language learners- # enrolled in the school- Type of insurance of students seen in SBHC
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Cost Saving Measures	<ul style="list-style-type: none"> - Preventive care - Well child visits (including risk assessment) - High incidence visits (e.g. asthma, acute illness) - Mental health/behavioral services
Educational Outcome Measures	<ul style="list-style-type: none"> -Absentee rate (chronic absenteeism) -Mobility of student population -Seat time (to be investigated further. Measure to be studied by SBHA)

Short Term Recommendations (6 months)

1. MSDE will update the Annual Survey with recommendations as outlined by the Council. The updated survey will be shared with SBHC administrators with a timeline for release. A trial period of the updated survey is recommended.
2. In updating the Survey, maximal use of technology needs to be considered in survey development, such as:
 - a. Auto-populating fields from previous years and across SBHCs (with ability to edit)
 - b. Eliminating duplication of data entry/information gathered by reviewing information gathered in the application process and the survey
 - c. Collect data across platforms (e.g. MSDE Report Card) to use in correlating vital data to demonstrate the SBHC profile, activities and potential health and education outcomes.
3. Plans will be developed for disseminating the Annual Survey data to key stakeholders. An annual report on SBHCs is recommended, “to tell the SBHC story.”

Longer Term Recommendations

1. The data workgroup recommends investigating the most effective location/owner of the SBHC data base.
2. Further study of potential educational impact outcomes such as “seat time.” The SBHA will be trialing this data collection tool, Fall 2017.
3. Further investigate the use of a standardized satisfaction survey or experience survey
4. with learning outcomes included. SBHA will be releasing a model in 2017.
5. Investigate the allocation grant dollars to SBHCs based on criteria other than history of past awards, as suggested by the Integration Workgroup.
6. Use the data to quantify return on investment, for example:
 - a. Do SBHCs have an impact on the return to class rate or graduation rate?
7. Correlate SBHC data sources with MCO required HEDIS data.
8. Continue to research data points and how to make the data more useful on an individual basis in terms of impact of services provided.
9. Investigate the sharing of patient care data with SBHCs to better coordinate care and to support patient care outcomes.

Appendix C: Report of the Systems Integration and Funding Workgroup

Council on the Advancement of School-Based Health Centers Systems Integration and Funding Workgroup

Summary of meetings (6/27, 8/10, 8/14)

Attendees: Kate Connor, Mark Luckner, Maura Rossman, Sharon Hobson, Lynne Muller, Cheryl De Pinto, Joy Tesigwe, Beth Spencer, Jennifer Dahl, Mona Carey

Workgroup Objectives

1. The purpose of the workgroup was to review, make recommendations to streamline and improve the grant review and award process between MSDE and MDH.
2. To identify and recommend strategies to diversify funding for SBHCs.
3. Gather all possible data sources and evaluate whether the data is successfully helping to assess school based health centers, their effectiveness, tell the story of the opportunities, successes and challenges and build a strong advocacy agenda.

Over the course of three calls and email document exchanges there has been considerable discussion on all three of these topic areas.

Grant Process Improvements:

Short term recommendations include:

1. Several improvements have already been made by MSDE, MDH and CHRC – Contract is for a 2-3 year period with language that qualifies that renewal is subject to appropriation.
2. MDH gives 50% of the entire annual grant award in the first quarter and then ask for quarterly submissions outlining how the funds were expended by the grantee. For CHRC which follows the same protocol of 50% upfront award, the grantee has to respond in a six month intervals and if dollars are unspent no new disbursement occurs until there is a sit down on spend patterns and new agreements are reached. There are claw back provisions for both. These accommodations help greatly with start-up efforts.
3. a. MSDE has made significant improvements already with timeliness and streamlining of the review processes. It was expected that by Mid-September this year all grants award letters will be issued – a significant improvement in the award schedule compared to prior years. It is also expected that next year's (FY 2019) grant cycle notices will be issued in Mid-September of 2017 as opposed to Mid-February as it happened with the FY2018 grant cycle notices.
b. MSDE grants for SBHC are not competitively awarded and are continuations of prior year awards and the annual application is intended to ensure that the grantee is meeting standards. MSDE does allow for no-cost extension but not advance payments under their regulations. However they do allow for a grantee to flexibly move funds within their own sites as needed.

Longer term recommendations include:

1. Work with the Data group to track outcomes and not just outputs – Are there good effectiveness measures we can lift from other SBHC projects around the country.
2. Identify components of sustainability plans – demonstrate need and effectiveness – what tool should we use to demonstrate need.

Funding:

Current Opportunities and Available Funding Flexibilities:

1. Continue fund allocation flexibility once a grant has been awarded by the grantee within their sites as needed.

2. Continue Advance Payments as possible.

Short term recommendations include:

1. Map different sources of funding for SBHC and HSWC
 - a. MSDE
 - b. MDH
 - c. CHRC
 - d. Philanthropy
 - e. Local Government
 - f. 3RD Party Billing
 - g. Others
2. How to strengthen and standardize the needs requirements and this could involve polishing up the voluntary survey questions that will be administered to current state fund grantees.
3. Standardize 3rd party billing as there is considerable variance across SBHCs and HSWCs across the State. The billing manual that was just released by MSDE was a big step in this direction. – Also explore if there are regulatory and legislative levers that can be pulled in this area of work.
4. Connect with the School Based Health Association and conduct listening sessions with SBHC administrators and the Medicaid TA providers to frame a recommendation around this that will lay a roadmap for deepening this work.

Longer term recommendations include:

1. Based on the information on funding mix of each grantee and a better understanding of the sustainability framework for each, a protocol should be developed to allow a transparent and sustainable shift in funding strategy to allow newer grantees to be allowed into the network within a flat funded budget. This would require current grantees to also propose a future funding framework wherein state grants are used for start-up and certain unsupportable functions within existing SBHCs and ongoing budgets are sustained by other strategies such as 3rd party billing and Medicaid.
2. The CASBHC should build an advocacy agenda using data to make the case for Return on Investment, clear systems integration and documented needs around patient and population health to ask for additional funding to support expansion of SBHC and HSWC networks.
3. Develop a performance incentive payment framework for SBHCs and HSWCs that are achieving our integration and care delivery outcomes which are measured with clear and transparent metrics.

Data:

There was a joint meeting of the Systems Integration and Funding Workgroup and the Data Workgroup and several issues were clarified as a result of that conversation.

- The two groups are collecting data for vastly different purposes. The Data Workgroup wishes to use the survey mechanism to collect data with the express purpose of telling the story of SBHCs and therefore their data collection efforts are more process driven with a few outcomes built in.
- The Systems Integration and Funding Workgroup wants to collect data to help with policy making and funding decisions and our data needs are more urgent to help support policy and funding recommendations that need to move in a more rapid time frame.
- Both data collection goals are necessary and not mutually exclusive. It was agreed that our workgroups concurred that Data Workgroup would need MSDE permissions before the survey tool can be disseminated to the Systems Integration and Funding Workgroup Members. This permission was being sought.

Short term recommendations include:

1. Any Data from MSDE on DBHCs should be shared with the whole Council. CHRC as staff to the Council could also share with the Population Health Offices at MDH.
2. These data feeds should also be shared with LHDs and with LEAs.

Longer term recommendations include:

1. Begin more intensive data gathering on outputs, outcomes, process and funding information to support longer term policy and funding recommendations.

General Workgroup Recommendations:

1. The Systems Integration and Funding Workgroup will define what Services Integration would look like including clarifying the meaning of Communication with Medical Home versus Integration into the Medical Home (with the latter being the desired state). This then means that we also have to define what would data sharing and integration look like to support the goals of services/treatment integration.
2. Include a representative from AAP, the MCOs and FQHCs to join the Services Integration Workgroup to provide adequate context and information to ensure that the perspectives of their interest groups are well represented on the Integration Workgroup and they are part of the crafting of the data feeds and the solutions.
3. Kate will reach out to the Maryland chapter of the American Association of Pediatrics to begin discussion on conducting a survey with pediatricians and also with Alan Lake of the Maryland State School Health Council to discuss data gathering efforts.
4. These data gathering forays will take several months and the work of the Systems Integration and Funding Committee will likely continue into the new calendar year.